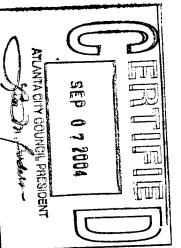
Entered - 10/27/03 - sb CL - 03L0845 LISA CARTER

CLAIM OF: MANOJ MAJMUNDAR 2380 Metropolitan Parkway Atlanta, Georgia 30315

04- \mathcal{R} **-1538**



For property damages alleged to have been sustained when an unknown driver refused to stop for police and struck the claimant's fence on August 24, 2003 at 2380 Metropolitan Parkway.

THIS ADVERSED REPORT IS APPROVED

BY:

JERRY L. DELOACH

DEPUTY CITY ATTORNEY



SEP 0 7 2004

ADVERSE REPORT

PUBLIC SAFTEY &

LEGAL ADMINISTRATION COMMITTEE

DATE:

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>03L0845</u>	Date:August 17, 2004
Claimant Wigtim MANOLMA IMUNDAD	
Claimant /Victim MANOJ MAJMUNDAR BY: (Atty) (Ins. Co.)	
Address: 2380 Metropolitan Parkway Atlanta, Ge	orgia 30315
Subrogation: Claim for Property damage \$	745 00 Rodily Injury \$
Date of Notice: 10/21/03 Method: Written, proper	745.00 Bodily Injury \$ Improper
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.)
Date of Occurrence 08/24/03	Place: 2380 Metropolitan Parkway
Department Police Services Bureau:	Division:
Employee involved	Disciplinary Action:
NATURE OF CLAIM: The claimant alleges that she sus	stained damages to her property when an unknown driver refused to
stop for police and struck her fence at 2380 Metropolitan Par	rkway. The City of Atlanta is not responsible for the criminal actions
of third parties.	
INVESTIGATION:	
INVESTIGATION:	
Statements: City employee X Claimant	Others Written Oral X
Pictures Diagrams Reports: Police	e X Dept Report Other
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
•	
BASIS OF RECOMMENDATION:	
Function: Governmental X	Ministerial
Improper Notice More than Six Months	Other X Damages reasonable
City not involved Offer rejec	ted Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligent	Joint Claim Abandoned
	D
	Respectfully submitted,
	Klal ali
	NVESTIGATOR - LISA CARTER
	District District District
RECOMMENDATION:	
$\sim 1/1$	
	Account charged: 1A01 2J01 2H01
Claims Manager:	Concur/date
Committee Action:	Council Action

FORM 23-61

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGE

Today's Date: 10 | 15 | 03

ENTERED - 10-27-03 - SB 03L0845 - LISA CARTER

Dear Municipal Clerk:		U3LU04) - L	ISA CARIER
and/or \$	hodily injury for which I contend	the City is liable	90.00 property
1. Date of incident: (month	$\frac{24 \mid 03}{1/\text{day/ year}}$ 2. Time of $\frac{70 \mid 03 \mid 24}{1/3 \mid 24}$	Incident: <u>SA.M.</u>	(95° # 032350 493, 3. Police called: Yes No
4. Location of incident (including	street address): 2380 N	ETROPOLITAN	1 PKY. ATLANTA CA 3031
5. Name of your insurance compa	iny: 500 TTS DALE	INSURANCE CO.	Policy No. CPS 05 167 43.
6. State what and how incident of	courred: City of a	Hanta Pa	lice Deptrahad
groom to r	edyce the	come	activity on Aya
24th 03. At th	at time city ,	police office	er was chasing
Someone and de	amongs to the sade	fance and for	es was chiesing refance front the proper
7. ALL ESTIMATES AND DA		INSPECTION. THE M	IAKING OF FALSE CLAIMS WILL
8. The registered owner must m proof of ownership of your veh	ake the claim for vehicle damagnicle (copy of the current tag recei	es, complete the following pt or title).	and attach two (2) estimates of repair and
Your vehicle:(Make)			
	(Year) (Tag Number)	(Driver's Name)
City vehicle: (Make)	(City Driver's Na	me)	(Department/Bureau)
,	(Ony Direct of the		(Department/Bureau)
9. Witness: (Name)	(Address)		(Telephone Number)
10. The acknowledgment of this State law, nor is it an admission	claim in no way waives the of liability on behalf of the City	Sovereign immunity of of Atlanta and/or its emplo	the City of Atlanta, as granted by oyee(s).
11. Claims must be received with	in 6 months of the event.		
I HEREBY SWEAR OR AFFI INFORMATION IS TRUE AN		MANOJ (Pri	MAYMUNDAR2. nt Claimant's Name)
Signature of Claimant	· Trayou	2380 ME	TROPOLITAN pky.
Ms	(UM) 205-		(Address)
Count 1		(City.	4, CA, 30315. State and Zip Code)
Consol Dec		404-1767-260	74. 404-767-2654
Udy-624 1001	2 1 2003	(Work Number)	(Home Number)
$\bigcup \psi$			
L_LAV	V DEPT.		



RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK September 15, 2004

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

Manoj Majmundar 2380 Metropolitan Parkway Atlanta, Georgia 30315

04-R-1538

Dear Ms. Majmundar:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on September 07, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400**.

Rhonda Douphin Johnson

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department